

HARRISON COUNTY BOARD OF ZONING APPEALS
245 Atwood St., Suite 215
Corydon, IN 47112
APPLICATION FOR SPECIAL EXCEPTION OR VARIANCE

DOCKET# _____ DATE FILED: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

OWNER OF PROPERTY: _____

ADDRESS OF PROPERTY OWNER: _____

DESCRIPTION OF PROPERTY IN QUESTION: ATTACH DEED

PRESENT ZONING OF PROPERTY: _____

I hereby make application for a ---- VARIANCE/SPECIAL EXCEPTION (circle one) to
allow _____

Has an application for a variance or special exception heretofore been filed with the
Board for the premises? _____ yes _____ no If so give date: _____

ADDITIONAL INFORMATION: _____

MEETING DATE: _____ TIME: _____

PLACE: County Commissioners Room

FEE: \$75.00 Receipt #: _____

SIGNED:

(Applicant)

(Owner)

PHONE: _____

Application checklist

_____ Copy of deed attached.

_____ Copy of site plan attached. (Must be submitted no later than 2 days before first meeting).

_____ Copy of procedures given to applicant.

_____ Applicant informed about meetings that must be attended (variance, BZA only; special exception, PC and BZA).

_____ Phone number of applicant and signature of owner on application.